

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/U88523

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2	1		1			
3	1		1			
4	1					
5	4		1			
6	①		1			
7	①		1			
8	①		1			
9	1		1			
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TOTAL IND.	5		5		5	
TOTAL DEP.		↓	12	↓	20	↓
TOTAL CLAIMS			17		25	

•	IND.	DEP.	•	IND.	U.	IND.	DEP.
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100							
TOTAL IND.					1		
TOTAL DEP.							
TOTAL CLAIMS							